

2000 - 2001 U.S. DEPARTMENT OF JUSTICE SUMMER LAW INTERN PROGRAM APPLICATION

This form must be typed

NAME _____
LAST NAME ONLY FIRST NAME ONLY MIDDLE INITIAL

ADDRESS FOR REPLY: _____
STREET APT.

CITY STATE ZIP CODE

EMAIL ADDRESS: _____ ARE YOU A VISITING STUDENT? YES NO

TELEPHONE NUMBER: (MUST INDICATE BOTH.) DAY: () _____ EVENING: () _____

LAW SCHOOL NAME: _____ LAW SCHOOL CITY/ST: _____

(PLEASE INDICATE THE LAW SCHOOL YOU CURRENTLY ATTEND ON THE LINE ABOVE.)

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING NOVEMBER/DECEMBER VACATION BREAK:

() _____ FROM: _____ TO: _____
(MONTH/DAY) (MONTH/DAY)

CURRENT YEAR IN SCHOOL - CHECK ONE

2L 3L
 J.D. EXPECTED: _____ (MO./YR.)

IF 3L, CHECK APPLICABLE LINE BELOW:

WILL ENTER JUDICIAL CLERKSHIP IN
 AUTUMN 2001
 WILL ENTER FULL-TIME GRADUATE LAW
 PROGRAM IN AUTUMN 2001

CHECK ONE: (NOTE: THIS **MUST** BE ANSWERED.)

UNITED STATES CITIZEN

OTHER - IF "CHECKED, SPECIFY YOUR CURRENT COUNTRY OF CITIZENSHIP:

(Pending U.S. citizenship is not relevant. Indicate your current country of citizenship.)

DUAL CITIZENSHIP - CHECK ONLY IF YOU ARE CURRENTLY A CITIZEN OF 2 COUNTRIES;
 YOU MUST INDICATE THE 2 COUNTRIES:

1: _____ 2: _____

RESIDENCY: HAVE YOU LIVED OUTSIDE OF THE UNITED STATES FOR 3 OF THE LAST 5 YEARS? YES NO

IF YES, PLEASE INDICATE BELOW IF DURING THE TIME YOU RESIDED OUTSIDE OF THE UNITED STATES, YOU WERE:

A FEDERAL OR MILITARY EMPLOYEE

A DEPENDENT OF A FEDERAL OR MILITARY EMPLOYEE

LAW SCHOOL CLASS RANK - YOU MUST CHECK **ONE APPROPRIATE CATEGORY** AMONG THOSE LISTED, E.G., TOP 15% RANK WOULD BE IN TOP 20% CATEGORY. ESTIMATE IF NO OFFICIAL CLASS RANK GIVEN. IF YOUR SCHOOL DOES NOT RANK, CHECK "NOT APPLICABLE."

TOP 10% TOP 20% TOP 33% TOP 50% LOWER 50% NOT APPLICABLE

THIRD YEAR STUDENTS WHO WILL ENTER JUDICIAL CLERKSHIP: SEE CHECKLIST -

Name of Judge: _____

Court: _____

Location: _____

INDICATE INTERVIEW CITY: PLEASE REFER TO THE INTERVIEW SCHEDULE, AND SELECT A CONVENIENT SITE. INDICATE THE CITY (NOT THE LAW SCHOOL).

(CITY ONLY - INDICATE ONLY ONE CITY - WASHINGTON, DC OR VALID CITY SITE)

CHOICE OF EMPLOYMENT: SELECT **TWO ORGANIZATIONS** IN ORDER OF PREFERENCE BY PLACING A **1 AND 2** NEXT TO YOUR CHOICES. THE NUMBER OF ANTICIPATED HIRES IS INDICATED IN PARENTHESES BY EACH ORGANIZATION.

___ ANTITRUST DIVISION (30): Indicate your geographic preferences for the Antitrust Division by placing a 1, 2 and 3 next to your first, second and third choices:
 ___ ATLANTA ___ CLEVELAND ___ NEW YORK
 ___ SAN FRANCISCO ___ CHICAGO ___ DALLAS
 ___ PHILADELPHIA ___ WASHINGTON, D.C.
 ___ CIVIL DIVISION (20)

___ CIVIL RIGHTS DIVISION (12)
 ___ ENVIRONMENT AND NATURAL RESOURCES DIVISION (9)
 ___ EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (20)
(U.S. CITIZENSHIP REQUIRED)
 ___ IMMIGRATION AND NATURALIZATION SERVICE (6)
 ___ TAX DIVISION (20-25)

•• ABSOLUTE DEADLINE DATE FOR RECEIPT, SEPTEMBER 25, 2000 ••

(OVER)

LAW SCHOOL COURSES BEING TAKEN THIS QUARTER/SEMESTER (AUTUMN 2000):**CHECK APPROPRIATE BOXES:**

LAW REVIEW/JOURNAL PARTICIPATION:

- Selected based on grades
 Selected based on writing competition
 Article/Comment Published
 Editorial Position

MOOT COURT:

- Voluntary
 National/Regional Team
 Moot Court Board

BOOK AWARD

OTHER AWARDS

CLIENT COUNSELING COMPETITION

VOLUNTEER - Legal Aid or Clinical Program

GRADUATE DEGREE (non-legal): Please indicate field of study and degree awarded.

DEPARTMENT OF JUSTICE EXPERIENCE (including U.S. Attorneys' Offices)
 If checked, please indicate employing organization, name of supervisor and telephone number:

()

LIST ALL LEGAL EMPLOYERS. You may include professors with whom you have worked in a clinical or other volunteer program.NAMEORGANIZATIONTELEPHONE NO. (include area code)**ARE YOU A VETERAN OF ANY BRANCH OF THE ARMED SERVICES?**

YES

NO

If yes, please indicate: _____ (branch of service); _____ (yrs. of service).

You are a Veteran if you have served more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard program).

PLEASE NOTE THAT PROVISION OF THE FOLLOWING INFORMATION IS VOLUNTARY.

FEMALE

MALE

DISABILITY Please Specify: _____

Please choose only one of the following categories:

WHITE

BLACK/AFRICAN-AMERICAN

HISPANIC-AMERICAN/LATINO

ASIAN/PACIFIC-AMERICAN

NATIVE-AMERICAN (American Indian, Alaskan Native)

MULTI-RACIAL

OTHER MINORITY Please Specify: _____

ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following carefully before signing this statement. A false answer to any question or portion thereof in this application may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment.

All the information you give will be considered in reviewing your application and is subject to investigation (18 U.S.C. Sec. 1001).

CERTIFICATION - I CERTIFY that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink) _____ Date _____

The U.S. Department of Justice is an Equal Opportunity/Reasonable Accommodation employer.